ADAMS AVIATION REPAIR FORM

Please complete the form and include a printed copy inside your parcel

NO INSPECTION FEE

Item for Repair								
Headset Helmet Lead / Adaptor Other	(Please state):							
Part No.: Serial No.:								
Work Required								
Inspect &Test								
Warranty Date of purchase: Include copy of invoice/receipt	Fault:							
Replace Hygiene Parts: Yes (Please quote) No (Do not replace Hygiene parts (Ear Pads, Headband and Mic Windsock) are not always covered under was By replacing the hygiene parts can help to improve the performance of your headset and/or helm	rranty.							
Release Type: Certificate of Conformity CAA Form 1 Certificate	ficate							
If Release Type is not specified, or both boxes are ticked, then all repaired items will be return a Certificate of Conformity only.	ed with							
Customer Details								
* Mandatory fields								
Company Name:	Delivery Address: (if different)							
*Out at Name	Address Line 1							
*Contact Name:								
***	Address Line 2							
*Telephone No.:								
*F '10.11	Town / City							
*Email Address:								
*Address Line 1	State / Province / Region							
*Invoicing Address:								
*Address Line 2	Zip / Postal Code							
*Town / City	Country							
*State / Province / Region	*By ticking this box, you are confirming that you have read, understood and agree to our terms and conditions. www.adamsaviation.com/terms-and-conditions							
*Zip / Postal Code	*Customer Signature:							
*Country	¬							
	*Date:							



T: +44 (0)1293 459 595

E: repairs@adamsaviation.com

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United Kingdom

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Re	turn Address:			
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